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CONFIRMATION NO. 4563

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/788,892 | FILING DATE<br>02/27/2004<br><br>RULE | CLASS<br>438 | GROUP ART UNIT<br>2812 | ATTORNEY<br>DOCKET NO.<br>303.863US1 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Don C. Powell, Boise, ID;

\*\* CONTINUING DATA \*\*\*\*\*  
*none, ch*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none, oh*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/19/2004

|   |                           |                        |                       |                             |
|---|---------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>ID | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>49 | INDEPENDENT<br>CLAIMS<br>12 |
|---|---------------------------|------------------------|-----------------------|-----------------------------|

35 USC 119 (a-d) conditions met  
☒ yes ☒ no ☐ Met after  
*Allowance*

Verified and  
Acknowledged  
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 Examiner's Signature Initials

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TITLE  
 Semiconductor devices and methods for depositing a dielectric film

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>2234 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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